

AMENDED IN ASSEMBLY AUGUST 23, 2006

SENATE BILL

No. 1204

Introduced by Senator Perata

January 25, 2006

An act to add Section 6403.5 to the Labor Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 1204, as amended, Perata. Hospitals: lift teams.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, establishes certain safety and other responsibilities of employers and employees, including, but not limited to, the requirement that no employer shall fail or neglect to provide safety devices or safeguards reasonably necessary to render the employment safe. Willful or repeated violations are a crime.

This bill would require each general acute care hospital to establish a health care worker back injury prevention plan. This bill would require each hospital to conduct a needs assessment that utilizes a lifting, repositioning, and transferring process identifying patients needing lift teams, lifting devices, and lifting equipment.

This bill would require *these* hospitals to implement a “zero lift policy” for all shifts, to utilize lift teams, lifting devices, and lifting equipment, and to train health care workers on the appropriate use of lifting devices and equipment. This bill would require lift team members to receive specialized training and to demonstrate proficiency in safe techniques for lifting, repositioning, or transferring

patients and the appropriate use of lifting or transferring devices and equipment.

This bill would provide that a health care worker who refuses to lift a patient could be disciplined; if the worker ~~had~~ *has* been trained on appropriate patient and equipment lifting procedures and has appropriate; *and* functional lifting devices and equipment available to perform the requested lift.

This bill would become operative on July 1, 2007.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known and may be cited as the
2 Patient Safety and Health Care Worker Protection Act.

3 SEC. 2. The Legislature finds and declares the following:

4 (a) Health care workers, 95 percent of whom are women, lead
5 the nation in work-related musculoskeletal disorders (MSDs). In
6 1999, the United States Bureau of Labor Statistics (BLS)
7 identified “health care patient” as the source of 59,002 MSDs. In
8 2000, BLS data showed that certified nurse assistants, registered
9 nurses, and licensed practical nurses together suffered 62,332
10 MSDs--17,005 more than truck drivers listed as number one with
11 45,327 MSDs. Health care workers equaled 138 percent, above
12 “first place” for work-related MSDs.

13 (b) California’s nursing workforce is aging at the same time
14 patient acuity and obesity is rising. It is imperative that we
15 protect our registered nurses and other health care workers from
16 injury, and provide patients with safe and appropriate care. At a
17 cost of between forty thousand dollars (\$40,000) and sixty
18 thousand dollars (\$60,000) to train and orient each new nurse,
19 preventing turnover from injuries will save hospitals money.

20 SEC. 3. Section 6403.5 is added to the Labor Code, to read:

21 6403.5. (a) As a part of their injury and illness prevention
22 programs required by this chapter, all general acute care hospitals
23 as defined in subdivision (a) of Section 1250 of the Health and
24 Safety Code shall adopt a patient protection and health care
25 worker back and musculoskeletal injury prevention plan. The
26 plan shall include a zero lift policy component reflected in

1 professional occupational safety guidelines for the protection of
2 patients and health care workers in health care facilities.

3 (b) Each hospital shall develop its own individual lift,
4 reposition, and transfer needs assessment to determine if a patient
5 requires the use of a lift team or specialized equipment for patient
6 lifts, repositions, and transfers. Patients identified as being at risk
7 of injury due to a lift, reposition, or transfer and patient
8 repositioning, or transfers identified, using the individual
9 hospital's own needs assessment, as having potential for placing
10 health care workers at risk of being injured while lifting,
11 repositioning, or transferring a patient shall require a lift team or
12 specialized equipment to lift, reposition, or transfer the patient.
13 For patients not at risk for injury, due to a lift, reposition, or
14 transfer and patient lift, repositioning, or transfers identified,
15 using the individual hospital's own needs assessment, as having
16 little or no potential for placing health care workers at risk of
17 being injured, a lift team or specialized equipment to lift,
18 reposition, or transfer the patient shall not be required. Nothing
19 in this section precludes lift team members from performing
20 other duties as assigned during their shift.

21 (c) For the purposes of this section, the following terms have
22 the following meanings:

23 (1) "Lift, reposition, and transfer needs assessment" means a
24 system whereby patients are identified based on the potential risk
25 of injury to the patient or to the health care worker in the event
26 that the patient requires a lift, to be repositioned or transferred,
27 consistent with the professional judgment and clinical assessment
28 of the registered nurse.

29 (2) "Lift team" means hospital employees specially trained to
30 handle patient lifts, repositions, and transfers using patient
31 transfer devices or lifting devices as appropriate for the specific
32 patient based on the individual hospital's own needs assessment.

33 (3) "Zero lift policy" as used in this section is a term of art
34 recognized internationally to mean replacing unassisted manual
35 lifting, repositioning, and transferring of patients with the use of
36 patient transfer devices, lifting devices, and lift teams. Zero lift
37 policy as used in this section does not require the use of patient
38 transfer or lifting devices when the individual hospital's own
39 needs assessment indicates it is safe for the patient and the

1 employee to utilize techniques not requiring the use of patient
2 transfer and lifting devices.

3 (d) Each general acute care hospital subject to this section
4 shall provide training to health care workers on the appropriate
5 use of the lifting devices and equipment. Training for these
6 health care workers shall include, but not be limited to, body
7 mechanics and the use of lifting devices to safely handle patients.

8 (e) Lift team members shall be given specialized training and
9 shall demonstrate proficiency in safe techniques for lifting,
10 repositioning, and transferring patients and the appropriate use of
11 lifting, repositioning, or transferring devices and equipment.

12 (f) Unless specifically contraindicated by a patient's condition
13 or medical status, lift teams shall utilize lifting and transfer
14 devices and equipment when lifting, repositioning, or transferring
15 patients.

16 (g) A health care worker who refuses to lift, reposition, or
17 transfer a patient due to concerns about patient and worker safety
18 and the lack of trained lift team personnel or equipment may not,
19 based upon the refusal, be the subject of disciplinary action by
20 the hospital or any of its managers or employees.

21 (h) Notwithstanding subdivision (g), the hospital, its
22 managers, or its employees may discipline a health care worker
23 who refuses to lift, reposition, or transfer a patient if the health
24 care worker has been trained on appropriate patient and
25 equipment lifting procedures, ~~and has appropriate, and has~~
26 *appropriate and* functional devices and equipment available to
27 perform the requested lift, reposition, or transfer.

28 *SEC. 4. This act shall become operative on July 1, 2007.*